

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90215 017 ***150.00

DOCUMENT # P04000110244 1. Entity Name SOUTH MIAMI YELLOW PAGES INC.																											
Principal Place of Business 2355 SE 7TH PL HOMESTEAD, FL 33033		Mailing Address 2355 SE 7TH PL HOMESTEAD, FL 33033																									
2. Principal Place of Business 1005 N. Krome Ave. Ste. 114 City & State Homestead, FL Zip 33030		3. Mailing Address 1005 N. Krome Ave. Ste. 114 City & State Homestead, FL Zip 33030																									
4. FEI Number 51-0526651		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MAHONEY, DIANN K 2355 SE 7TH PLACE HOMESTEAD, FL 33033		7. Name and Address of New Registered Agent Name Mahoney, Diann K. Street Address (P.O. Box Number is Not Acceptable) 1005 N. Krome Ave. Ste. 114 City Homestead FL Zip Code 33030																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																											
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAHONEY, DIANN K</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2355 SE 7TH PLACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HOMESTEAD, FL 33033</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	MAHONEY, DIANN K		STREET ADDRESS	2355 SE 7TH PLACE		CITY-ST-ZIP	HOMESTEAD, FL 33033		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">President</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Mahoney, Diann K.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1005 N. Krome Ave. Ste. 114</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Homestead, FL 33030</td> <td></td> </tr> </table>		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Mahoney, Diann K.		STREET ADDRESS	1005 N. Krome Ave. Ste. 114		CITY-ST-ZIP	Homestead, FL 33030	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: Diann K. Mahoney Diann K. Mahoney 5/1/06 233-2660 (305) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>																											